

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS330AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2008
NAME OF PROVIDER OR SUPPLIER FAIRWAY RES CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3817 FAIRWAY CIRCLE LAS VEGAS, NV 89108		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on July 15-16, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 10 total beds.</p> <p>The facility had the following category of classified beds: Ten Category 2 beds.</p> <p>The facility had the following endorsements:</p> <p>Residential facility which provides care to persons with Alzheimer's disease.</p> <p>The census at the time of the survey was six. Six resident files were reviewed and five employee files were reviewed.</p> <p>There were seven complaints investigated during the survey:</p> <p>CPT #06548 Unsubstantiated CPT #14684 Substantiated (Tag A816) CPT #15082 Unsubstantiated CPT #15123 Substantiated (Tag A106) CPT #15336 Substantiated (Tag A502) CPT #15353 Substantiated (Tag A519) CPT #16559 Unsubstantiated</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be</p>	Y 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1 available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	Y 000			
Y 434 SS=F	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to document evacuation drills on an irregular monthly schedule for 3 of 12 months. Findings include: On 07/15/08 in the morning, the administrator indicated he had not performed an evacuation drill since 03/13/08. The facility provided documentation of evacuation drills from June 2007 to March 2008. Facility records lacked documentation for April, May, and June 2008. Severity: 2 Scope: 3	Y 434			
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229	Y 444			

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Y 444	Continued From page 2 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to document monthly smoke detector tests for 3 of 12 months. Findings include: On 07/15/08 in the morning, the administrator indicated he had not performed a smoke detector test since 03/13/08. The facility provided documentation of smoke detector tests from June 2007 to March 2008. Facility records lacked documentation for April, May, and June 2008. Severity: 2 Scope: 3	Y 444		
Y 502 SS=D	449.258(3) Residents Mail NAC 449.258 3. Assurances must be provided that incoming and outgoing mail for a resident will not be interfered with in any way, unless written permission is obtained from the resident or his representative. Permission obtained from the resident or his representative may specifically state the type of mail that may be interfered with by the members of the staff of the facility. Permission granted by a resident or his	Y 502		

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Y 502	Continued From page 3 representative pursuant to this subsection may be revoked by the resident at any time. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to obtain a resident's written permission for opening mail for 1 resident (Resident #7). Findings include: On 07/16/08 in the afternoon, the administrator acknowledged opening Resident #7's mail while the resident was hospitalized. The administrator indicated it was just for refilling a prescription from the Veteran's Administration. A record review revealed an unsigned mail policy in Resident #7's file. The policy failed to indicate circumstances when staff could open resident mail. CPT #15336 Severity: 2 Scope: 1	Y 502			
Y 519 SS=F	449.259(e)(1&2) Supervision of Residents NAC 449.259 1. A residential facility shall: (e) Permit a resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) The resident complies with the rules established by the administrator of the facility for leaving the facility.	Y 519			

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Y 519	Continued From page 4 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to allow residents, who were capable, to enter and leave the facility at will. Findings include: On 07/16/08 in the morning, Employee #1 and Employee #4 indicated the double front doors to the facility were locked with a bike-like cable lock a year ago in July. The reason for this was Resident #1 eloped several times from the facility. A Bureau of Licensure complaint dated 07/09/07 indicated a Division of Aging employee witnessed the doors with a bike-like cable lock on the inside restricting resident movement. CPT #15353 Severity: 2 Scope: 3	Y 519		
Y 816 SS=G	449.2732(3)(b) Protective Supervision NAC 449.2732 3. The administrator of a residential facility with a resident who requires protective services shall ensure that: (b) There is a written plan for providing protective supervision for that resident.	Y 816		

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Y 816	<p>Continued From page 5</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to provide necessary protective supervision for 2 of 6 residents (#1 and #2).</p> <p>Findings include:</p> <p>Resident #1 was originally admitted on 09/14/04 and readmitted on 02/18/05. The resident was referred to the home by Harmony after presenting in a psychotic state at an emergency room. The resident was diagnosed with vascular dementia with a psychiatric evaluation on 09/15/04. Presently, the resident continues to live at the facility.</p> <p>1. On 02/18/05, the resident was admitted to the hospital with diagnoses of dementia with active delusions/hallucinations. The resident was readmitted to the facility with no other detail explaining type and amount of supervision required other than "assistance."</p> <p>2. On 03/28/05, a facility Incident Report Form filled out by Employee #6, indicated the resident eloped from the facility and ran away. The resident later returned to the facility.</p> <p>3. From 09/14/05 to 09/21/05, the resident was hospitalized at the hospital with a diagnosis of paranoid schizophrenia. The resident returned to the facility with a Zyprexa prescription.</p> <p>4. A physician's certification was signed during the above hospitalization indicating the resident required a guardian due to permanent mental incapacitation, psychosis, and violent behavior.</p>	Y 816		

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Y 816	<p>Continued From page 6</p> <p>5. On 11/21/05 and 11/22/05, a facility Incident Report Form filled out by Employee #7, a caregiver, indicated the resident eloped two consecutive days and was hospitalized each day and sent back to the facility. The resident received a new Ativan prescription.</p> <p>6. On 12/06/05, a hospital discharge form indicated the resident was hospitalized for psychosis and given prescriptions for Haldol, Ativan, and Naproxen.</p> <p>7. On 04/04/07, a facility Incident Report Form filled out by Employee #8, a caregiver, indicated the resident eloped from the facility and was hospitalized at a hospital.</p> <p>8. On 02/06/08, the administrator completed a Plan of Care/ADL (Activities of Daily Living) update failing to comment on or indicate any supervisory needs for Resident #1.</p> <p>Resident #2 was admitted to the facility on 4/19/07. On 05/21/07, a facility Incident Report Form filled out by the facility's administrator indicated Resident #2 was becoming a confused sundowner and had bruises of unknown origin on his buttocks and arm. Resident #2's file lacked supervisory interventions and a supervisory plan.</p> <p>On 07/15/08 at 4:30 PM, the administrator indicated staff was watching Resident #1 closely, but there was nothing in writing to demonstrate supervisory interventions during the resident's stay. The Administrator stated nothing has happened to Resident #1 since April 2007.</p> <p>Resident #1 had eloped from the facility several times over the course of his stay, the facility</p>	Y 816		

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Y 816	Continued From page 7 lacked documentation to indicate interventions or a supervisory plan designed to prevent further elopements. Several of these elopements resulted in hospitalization for the resident, and a missing person report was completed with LVMP (Las Vegas Metropolitan Police) for one such incident where the police returned Resident #1 to his wife's residence. CPT #14684 Severity: 3 Scope: 1	Y 816		
Y 859 SS=F	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to provide documented annual physicals for 6 of 6 residents (#1, #2, #3, #4, #5, #6). Findings include: 1. Resident #1, admitted 02/18/05, had a file	Y 859		

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Y 859	Continued From page 8 lacking annual physicals for 2006, 2007, and 2008. 2. Resident #2, admitted 04/19/07, had a file lacking annual physicals for 2007 and 2008. 3. Resident #3, admitted 04/17/07, had a file lacking annual physicals for 2007 and 2008. 4. Resident #4, admitted 05/11/06, had a file lacking annual physicals for 2007 and 2008. 5. Resident #5, admitted 06/01/08, had a file lacking annual physicals for 2008. 6. Resident #6, admitted 08/07/07, had a file lacking annual physicals for 2007. On 07/15/08 in the afternoon, the administrator indicated resident files should contain annual physicals. The facility failed to provide any of the above physicals. Severity: 2 Scope: 3	Y 859		
Y 870 SS=E	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months	Y 870		

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Y 870	<p>Continued From page 9</p> <p>the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to review resident medications every six months for 2 of 6 residents (#2 and #4).</p> <p>Findings include:</p> <p>On 07/15/08 in the afternoon, the administrator indicated resident files should contain medication reviews.</p> <p>1. Resident #2, admitted 04/19/07, had a file lacking a medication review.</p> <p>2. Resident #4, admitted 05/11/06, had a file lacking a medication review.</p> <p>The facility failed to provide either medication review.</p> <p>Severity: 2 Scope: 2</p>	Y 870			
Y 882 SS=D	<p>449.2742(6)(c) Medication / change order</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in</p>	Y 882			

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Y 882	<p>Continued From page 10</p> <p>the amount or times medication is to be administered to a resident:</p> <p>(c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure a medication label from the pharmacy coincided with the medication administration record for 1 of 6 residents (#1).</p> <p>Findings include:</p> <p>A record review revealed a medication review dated 03/03/08 which included Sulair 10 milligrams every day; the medication administration record documented Sulair 10 milligrams every day, but the medication container's label indicated Sulair 8 1/2 milligrams every day. The medication was 8 1/2 milligrams. The record lacked pharmacist documentation or physician approval for the substitution.</p> <p>On 07/15/08 in the afternoon, the administrator indicated Resident #1's medication administration record differed from the medication container for Sulair because the pharmacist substituted the closest dose for what was ordered.</p>	Y 882			

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Y 882	Continued From page 11 Severity: 2 Scope: 1	Y 882		
Y 898 SS=D	<p>449.2744(1)(b)(4) Medication / MAR</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to provide instructions for medication administration which reflected current physician orders for 1 of 6 residents (#1).</p> <p>Findings include:</p> <p>On 07/15/08 in the afternoon, the administrator failed to indicate why Resident #1's medication administration record did not reflect a current physician order for Seroquel.</p> <p>A record review revealed a medication review dated 03/03/08 which included Seroquel 200 milligrams every evening; the medication administration record documented Seroquel 100 milligrams every evening.</p> <p>Severity: 2 Scope: 1</p>	Y 898		

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Y 936 SS=F	<p>449.2749(1)(e) Resident file</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.</p> <p>2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall:</p> <p>(a) Before admitting a person to the facility or home, determine if the person:</p> <p>(1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive;</p> <p>(3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or</p>	Y 936		

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Y 936	Continued From page 13 (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of	Y 936			

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS330AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/16/2008
NAME OF PROVIDER OR SUPPLIER FAIRWAY RES CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3817 FAIRWAY CIRCLE LAS VEGAS, NV 89108		
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Y 936	Continued From page 14 symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for	Y 936			

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Y 936	<p>Continued From page 15</p> <p>the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.</p> <p>Based on interview and record review, the facility failed to provide Tuberculin testing documentation for 6 of 6 residents.</p> <p>Findings include:</p> <p>Resident files contained the following Tuberculin test results:</p> <ol style="list-style-type: none"> 1. Resident #1, admitted 02/18/05, had one step results dated 05/06 and 12/07, requiring another one step. 2. Resident #2, admitted 04/19/07, had a two step result dated 10/16/06 and a one step result dated 05/23/08, requiring another one step. 3. Resident #3, admitted 04/17/07, had a one step result dated 12/19/07, requiring another one step. 4. Resident #4, admitted 05/11/06, had a two step 	Y 936		

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Y 936	Continued From page 16 result dated 01/30/06 and a one step result dated 12/06, requiring another two step. 5. Resident #5, admitted 06/01/08, had scheduled tests dated 06/05/07 and 07/01/08 with no results, requiring another two step. 6. Resident #6, admitted 08/07/07, had a two step result dated 12/12/06, requiring another two step. The facility failed to provide any of the above required Tuberculin test results. On 07/15/08 in the afternoon, the administrator indicated resident files should contain Tuberculin testing results. Severity: 2 Scope: 3	Y 936			
Y 940 SS=F	449.2749(1)(g)(3) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year.	Y 940			

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Y 940	Continued From page 17 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to document an annual activities of daily living assessment for 4 of 6 residents (#1, #2, #3, and #4). Findings include: 1. Resident #1, admitted 02/18/05, had a file lacking annual assessments for 2007. 2. Resident #2, admitted 04/19/07, had a file lacking annual assessments for 2008. 3. Resident #3, admitted 04/17/07, had a file lacking annual assessments for 2007. 4. Resident #4, admitted 05/11/06, had a file lacking annual assessments for 2007 and 2008. The facility failed to provide any of the above assessments. On 07/15/08 in the afternoon, the administrator indicated resident files should contain activities of daily living assessments. Severity: 2 Scope: 3	Y 940		
YA106 SS=F	449.200(1)(2)(3)Personnel Files NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and	YA106		

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YA106	Continued From page 18 social security number of the employee; (b) The date on which the employee began his employment at the residential facility; (c) Records relating to the training received by the employee; (d) The health certificates required pursuant to chapter 441 of NAC for the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility; and (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; and (b) Proof that the caregiver is 18 years of age or older. 3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of this facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the Bureau within 72 hours after the Bureau requests to review the files.	YA106			

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YA106	<p>Continued From page 19</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure its personnel files were up to date with required information for 5 of 5 employees.</p> <p>Findings include:</p> <p>Employee #1 hired 11/02: Last Tuberculin testing in March 2007. No testing since. Tuberculin testing expired in March 2008.</p> <p>Employee #2 hired 11/02: Minimum of 8 hours of annual training; no training since 05/21/06.</p> <p>Employee #3 hired 09/02/04: No references or physical exam; Tuberculin testing expired in September 2005. No testing since.</p> <p>Employee #4 hired 06/01/05: No criminal affidavit statement; Tuberculin testing expired in August 2006. No testing since.</p> <p>Employee #5 hired 10/07: No references, no criminal background clearance or fingerprints, no regulatory acknowledgement statement, and no physical exam. Tuberculin testing expired in August 2007. No testing since. No first aid or CPR card.</p> <p>Interview</p> <p>On 07/15/08 in the afternoon, Employee #1 was informed of the above deficiencies and indicated he would fax copies of numerous updated records.</p> <p>CPT #15123</p> <p>Severity: 2 Scope: 3</p>	YA106		

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